

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/936869

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	1		1			
4	1		1			
5	2		1			
6	0		2			
7	0		2			
8	0		0			
9	0		2			
10	0		2			
11	0		2			
12	0		2			
13	0		2			
14	0		2			
15	0		2			
16	0		2			
17	0		1			
18	0		1			
19	0		1			
20	0		1			
21	2		1			
22	2		1			
23	2		1			
24	2		1			
25	0		1			
26	0		1			
27	0		1			
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50						
TOTAL IND.	3		4			
TOTAL DEP.	32		36			
TOTAL CLAIMS	35		40			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS